

Rate Review Information Sharing Session

Home and Community Based Services (HCBS) Waivers

February 15, 2017

9am – 1pm



COLORADO

Department of Health Care
Policy & Financing

Agenda

- Introduction 9:00 AM – 9:20 AM
 - Rate Review Process Background
 - Meeting Purpose & Scope
- HCBS Waivers Overview 9:20 AM – 11:30 AM
- Rate Comparison and Access Methodologies 11:30 AM – 12:30 PM
 - Rate Comparison
 - Access and Utilization
- Discussion 12:30 PM – 1:00 PM



Rate Review Process Background



COLORADO

Department of Health Care
Policy & Financing

Rate Review Process Background

The rate review process:

- Operates on a five-year cycle;
- Reviews 22 broad service types;
- Results in two annual reports:
 - Analysis Report (published every May 1st), and
 - Recommendation Report (published every November 1st);
and
- Is advised by a 24-person committee.



Rate Review Process Background

The purpose of the rate review process is to:

- Conduct service utilization, access, and quality analyses, and a rate benchmark comparison, to determine if rates are sufficient to allow for provider retention and client access and to support appropriate reimbursement of high-value services (due May 1st);
- Work with committee members and stakeholders to develop strategies for responding to findings; and
- Submit recommendations to the Joint Budget Committee and MPRRAC, including data relied upon in developing recommendations (due November 1st).



Rate Review Process Background

Impetus for the rate review process:

- Ensure analysis of most Medicaid provider rates at least every five years; and
- Ensure that rates are reviewed in a comprehensive and transparent manner.

The rate review process is outlined in CRS 25.5-4-401.5.



Meeting Purpose & Scope



COLORADO

Department of Health Care
Policy & Financing

Meeting Purpose

- Present interested stakeholders with an introduction to Home and Community Based Services (HCBS) Waivers and explain planned methods for rate comparison and access analyses.
- Answer committee member and stakeholder questions about service descriptions, the rate comparison methodology, and the access analysis methodology.
- Solicit feedback from committee members and stakeholders that can be shared with the MPRRAC on March 17th.



Meeting Scope

Within Meeting Scope:

- Why particular services are or are not included in the analyses;
- The data sources used to extract data;
- Rate comparison and access analysis methodologies; and
- Feedback on how best to present data.

Out of Meeting Scope:

- The amount, scope, and duration of HCBS waiver services;
- Why rates are set at their current rate; and
- Requests for a rate to be increased.

Questions?



HCBS Waivers Overview



COLORADO

Department of Health Care
Policy & Financing

HCBS Waivers Overview

HCBS Waivers allow state Medicaid agencies to waive certain Medicaid program requirements. HCBS Waivers allow states to:

- Waive certain income and/or eligibility criteria;
- Provide specific services to target groups; and
- Provide nursing facility level of care to individuals that live in their own home or community.

More information can be found on the [Center for Medicare and Medicaid Service's website](#).



HCBS Waivers Overview

HCBS Waivers must:

- Demonstrate cost effectiveness (i.e., that the costs of providing services in the community are expected to be lower than providing them in an institutional setting);
- Set adequate and reasonable provider standards that meet the needs of the target population;
- Ensure that services follow an individualized and person-centered plan of care; and
- Ensure the protection of people's health and welfare.



HCBS Waiver Terminology

HCBS Waivers – refers to specific waiver programs. Each waiver has specific criteria and allows clients to access specific waiver services.

Waiver services – refers to specific services offered to clients on a waiver. Waiver services are frequently offered across multiple waivers.



Colorado HCBS Waivers

The Department administers 11 HCBS Waivers, [six for adults](#) and [five for children](#).

Adult Waivers:

- Community Mental Health Supports Waiver
- Elderly, Blind, and Disabled Waiver
- Spinal Cord Injury Waiver
- Brain Injury Waiver
- Supported Living Services Waiver
- Persons with Developmental Disabilities Waiver

Children's Waivers:

- Children's Extensive Support Waiver
- Children's Habilitation Residential Program Waiver
- Children's HCBS Waiver
- Children with a Life-Limiting Illness Waiver
- Children with Autism Waiver

More information on HBCS Waivers can be found on the Department's [Long-Term Services and Supports Training website](#).



Colorado HCBS Waivers

HCBS Waiver	Expenditure in FY 2015-16
Persons with Brain Injury (BI) Waiver	\$18,945,668
Community Mental Health Supports (CMHS) Waiver	\$35,581,012
Persons with Developmental Disabilities (DD) Waiver	\$352,358,372
Persons who are Elderly, Blind, and Disabled (EBD) Waiver	\$323,874,666
Persons with Spinal Cord Injury (SCI) Waiver	\$1,741,407
Supported Living Services (SLS) Waiver	\$53,954,679
Children's Extensive Support (CES) Waiver	\$21,688,220
Children's Habilitation Residential Program (CHRP) Waiver	\$2,084,360
Children's HCBS (CHCBS) Waiver	\$12,840,839
Children with a Life-Limiting Illness (CLLI) Waiver	\$652,604
Children with Autism (CWA) Waiver	\$460,986
Targeted Case Management	\$23,996,343
Total	\$848,179,156

All figures in this presentation are draft and are subject to change.



HCBS Waiver Exclusions

Similar to State Plan services, certain HCBS Waiver services are excluded from the rate review process.

Examples for why a service is excluded include:

- The service's rate is based on cost
 - Example: Medical equipment purchase and installation.
- Payments for the service are a negotiated price or an allocation.
 - Examples: home modifications.
- A payment rate is not under the Department's authority.
 - Example: Non-medical transportation taxi rates, which are set by the Public Utilities Commission.



Rate Review and Consumer Directed Attendant Support Services

Consumer Directed Attendant Support Services (CDASS) is a waiver service that empowers clients to hire, train, and manage attendants of their choice to best fit their unique personal care, homemaker, and health maintenance needs.

Though a formula is used to calculate a client's allocation amount, the client has the flexibility to use that allocation amount to determine the type of attendant services and attendant wages.

- As a result, the Department will conduct a modified rate benchmark comparison.
- The Department will provide information to committee members and stakeholders comparing the rates used to formulate CDASS allocations to agency-based rates and consumer-directed services in other states.



Community Mental Health Supports (CMHS) Waiver

Purpose: Provide a home or community based alternative to nursing facility care for persons experiencing severe and persistent mental health needs.

**Number of clients served in
FY 2015-16:** 3,782. There is no waitlist.

Expenditure in FY 2015-16:
\$35,581,012

Services:

- 1. Adult Day Services***
- 2. Alternative Care Facilities***
- 3. CDASS***
- 4. Home Modification***
- 5. Homemaker Services***
- 6. Non-Medical Transportation (NMT)***
- 7. Personal Care***
- 8. Electronic Monitoring (Personalized Emergency Response System (PERS)), Specialized Medical Equipment & Supplies, Medication Reminder)***
- 9. Respite Care***

*Service, or similar services, are available across multiple HBCS Waivers.

Elderly, Blind, and Disabled (EBD) Waiver

Purpose: Provide a home or community based alternative to nursing facility care for persons who are elderly, blind, or have a disability.

Number of clients served in FY 2015-16: 26,533. There is no waitlist.

Expenditure in FY 2015-16:
\$323,874,666

Services:

1. Adult Day Services*
2. Alternative Care Facilities
- 3. Community Transition Services**
4. CDASS*
5. Home Modification*
6. Homemaker Services*
- 7. In-Home Support Services (IHSS)***
8. Non-Medical Transportation (NMT)*
9. Electronic Monitoring (Personalized Emergency Response System (PERS)), Specialized Medical Equipment & Supplies, Medication Reminder)*
10. Personal Care*
11. Respite Care*

*Service, or similar services, are available across multiple HBCS Waivers.

Persons with Spinal Cord Injury (SCI) Waiver

Purpose: Provide a home or community based alternative to nursing facility care for persons with a spinal cord injury.

Number of clients served in FY 2015-16: 60. There is no waitlist.

Expenditure in FY 2015-16:
\$1,741,407

Services:

1. Adult Day Services*
2. **Alternative Therapies (Acupuncture, Chiropractic, Massage)**
3. CDASS*
4. Home Modification*
5. Homemaker Services*
6. In-Home Support Services (IHSS)*
7. Non-Medical Transportation (NMT)*
8. Personal Care*
9. Electronic Monitoring (Personalized Emergency Response System (PERS)), Specialized Medical Equipment & Supplies, Medication Reminder)*
10. Respite Care*

*Service, or similar services, are available across multiple HBCS Waivers.

Persons with Brain Injury (BI) Waiver

Purpose: Provide a home or community based alternative to hospital or specialized nursing facility care for persons with a brain injury.

Number of clients served in FY 2015-16: 402. There is no waitlist.

Expenditure in FY 2015-16:
\$18,945,668

Services:

1. Adult Day Services*
2. **Assistive Devices**
3. **Behavioral Management**
4. CDASS*
5. **Day Treatment**
6. Home Modification*
7. **Independent Living Skills Training (ILST)***
8. **Mental Health Counseling**
9. Non-Medical Transportation (NMT)*
10. Personal Care*
11. Electronic Monitoring (Personalized Emergency Response System (PERS)), Specialized Medical Equipment & Supplies, Medication Reminder)*
12. Respite Care*
13. **Substance Abuse Counseling**
14. **Supported Living Program**
15. **Transitional Living Program**

*Service, or similar services, are available across multiple HBCS Waivers.

Supported Living Services (SLS) Waiver

Purpose: Provide persons with developmental disabilities supported living services in the person's home or community.

Number of clients served in FY 2015-16: 4,726. There is no waitlist.

Expenditure in FY 2015-16:
\$53,954,679

Services:

- 1. Assistive Technology***
- 2. Behavioral Services***
- 3. Day Habilitation Services (Specialized, Supported Community Connections)***
- 4. Dental Services***
- 5. Home Modification***
- 6. Homemaker Services***
- 7. Mentorship***
- 8. Personal Care***
- 9. Personalized Emergency Response System (PERS)***
- 10. Prevocational Services***
- 11. Professional Services (Hippotherapy, Massage & Movement Therapy)***
- 12. Respite Services***
- 13. Specialized Medical Equipment & Supplies***
- 14. Supported Employment***
- 15. Transportation**
- 16. Vehicle Modifications***
- 17. Vision Services***

*Service, or similar services, are available across multiple HBCS Waivers.

Persons with Developmental Disabilities (DD) Waiver

Purpose: Provide services and supports which allow to persons with developmental disabilities to continue to live in the community.

Number of clients served in FY 2015-16: 5,299. There is a waitlist for this waiver.

Expenditure in FY 2015-16: \$352,358,372.

Services:

1. Behavioral Services*
2. Day Habilitation (Specialized Habilitation, Supported Community Connections) *
3. Dental Services*
4. Non-Medical Transportation (NMT)*
5. Prevocational Services*
- 6. Residential Habilitation Services (24-hour Individual or Group)**
7. Specialized Medical Equipment & Supplies*
8. Supported Employment*
9. Vision Services*

*Service, or similar services, are available across multiple HBCS Waivers.

Children's Extensive Support (CES) Waiver

Purpose: Provide Health First Colorado benefits in the home or community for children with developmental disabilities or delays who are most in need due to the severity of their disability.

Number of clients served in FY 2015-16: 1,628. There is no waitlist.

Expenditure in FY 2015-16:
\$21,688,220

Services:

- 1. Adapted Therapeutic Recreation and Fees**
2. Assistive Technology*
3. Behavioral Services*
- 4. Community Connector**
- 5. Home Accessibility Adaptations**
6. Homemaker Services*
- 7. Parent Education**
8. Personal Care*
9. Professional Services (includes Hippotherapy, Massage & Movement Therapy)*
10. Respite Services*
11. Specialized Medical Equipment & Supplies*
12. Vehicle Adaptations
- 13. Vision Therapy**

*Service, or similar services, are available across multiple HBCS Waivers.

Children's Habilitation Residential Program (CHRP) Waiver

Purpose: Provide habilitative services for children and youth in foster care who have a developmental disability and extraordinary needs.

Number of clients served in FY 2015-16: 53. There is no waitlist.

Expenditure in FY 2015-16:
\$2,084,360

Services:

This waiver is designed to assist children/youth to acquire, retain, and/or improve self-help, socialization, and adaptive skills necessary to live in the community through the inclusion of one or more of the following habilitative services:

- Cognitive Services
- Communication Services
- Community Connections
- Emergency Services
- Personal Assistance
- Self-Advocacy Training
- Supervision Services
- Travel Services

Children's HCBS (CHCBS) Waiver

Purpose: Provide Health First Colorado benefits in the home or community for disabled children who would otherwise be ineligible for Health First Colorado due to excess parental income and/or resources.

Number of clients served in FY 2015-16: 1,456. There is no waitlist.

Expenditure in FY 2015-16:
\$12,840,839

Services:

- 1. Case Management**
2. In-Home Support Services* (Health Maintenance Activities only)

*Service, or similar services, are available across multiple HBCS Waivers.

Children with a Life-Limiting Illness (CLLI) Waiver

Purpose: Provide Health First Colorado benefits in the home for children with a life-limiting illness and to allow the family to seek curative treatment while the child is receiving palliative or hospice care.

Number of clients served in FY 2015-16: 163. There is no waitlist.

Expenditure in FY 2015-16:
\$652,604

Services:

- 1. Expressive Therapy (Art & Play Therapy, Music Therapy, Massage Therapy)**
- 2. Palliative/Supportive Care (Care Coordination, Pain and Symptom Management, Respite Care)**
- 3. Therapeutic Services (Bereavement Counseling, Therapeutic Life-Limiting Illness Support- Individual/Family/Group)**

Children with Autism (CWA) Waiver

Purpose: Provide Health First Colorado benefits in the home or community for children with a medical diagnosis of Autism.

Number of clients served in FY 2015-16: 75. There is a waitlist.

Expenditure in FY 2015-16:
\$460,986

Services:

- 1. Behavioral Therapies**

Questions



Rate Comparison and Access Analysis Methodologies



COLORADO

Department of Health Care
Policy & Financing

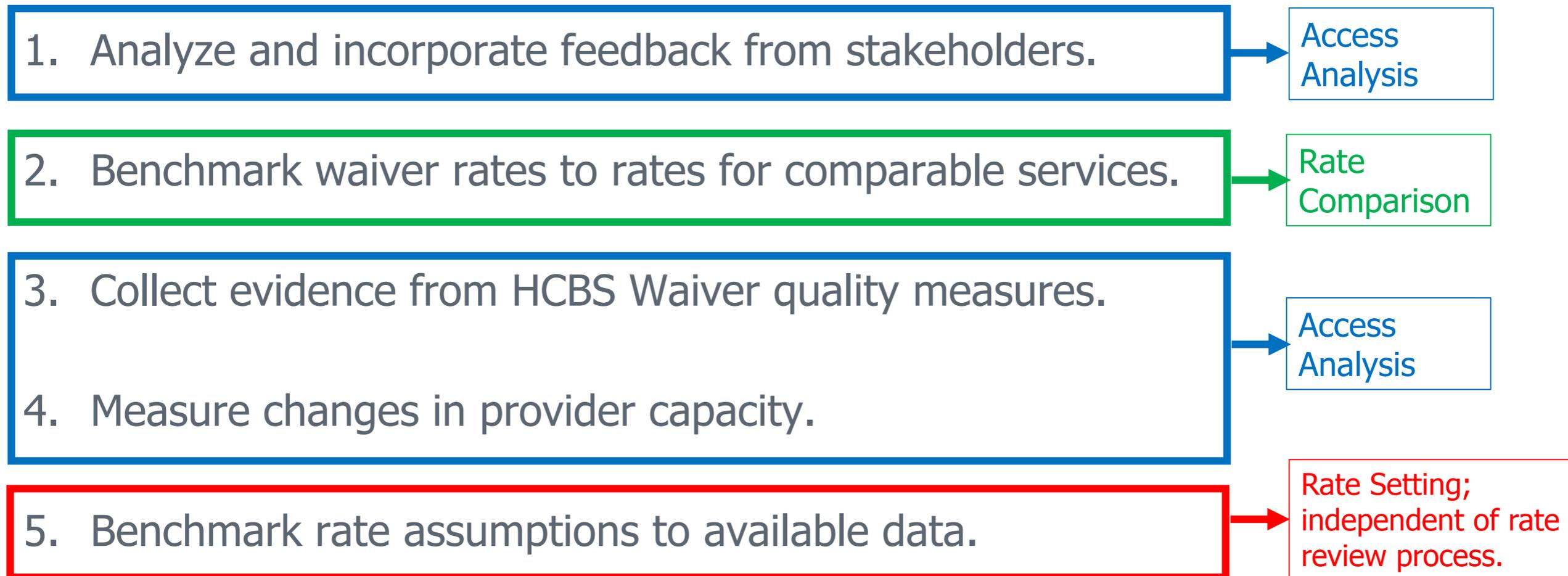
Rate Comparison and Access Analysis Methodologies

In 2016, CMS hosted a training titled "[Ensuring Rate Sufficiency: Rate Review and Revision Strategies](#)". This training outlined five strategies for measuring rate sufficiency:

1. Analyze and incorporate feedback from stakeholders.
2. Benchmark waiver rates to rates for comparable services.
3. Collect evidence from HCBS Waiver quality measures.
4. Measure changes in provider capacity.
5. Benchmark rate assumptions to available data.



Rate Comparison and Access Analysis Methodologies



Rate Comparison and Access Analysis Methodologies

1. Analyze and incorporate feedback from stakeholders.

The Department plans to:

- Take public comment through the rate review process;
- Use existing survey results to inform our analyses; and
- Research the usability of appeals data.

This information does not necessarily provide a complete representation regarding rate sufficiency and client access, but could indicate areas that require additional review. This information will supplement the access analysis results gathered through strategies three and four.



Rate Comparison and Access Analysis Methodologies

2. Benchmark waiver rates to rates for comparable services.

The Department plans to:

- Calculate total allowable amounts for Colorado Medicaid and comparator States;
- Compare calculated allowable amounts; and
- Estimate Colorado Medicaid payments as a percentage of a benchmark.

The Department will use rates from other State Medicaid agencies as benchmarks. These states include Connecticut, Oklahoma, Ohio, and Oregon.



Rate Comparison and Access Analysis Methodologies

2. Benchmark waiver rates to rates for comparable services.

Comparator States were chosen because they have:

- Fee-for-service HCBS Waiver programs,
 - Most Colorado HCBS Waiver services are reimbursed under a fee-for-service methodology. For more information, see "[Medicaid Reimbursement Methodologies – Home and Community Based Waiver Services](#)".
- Similar service descriptions and target populations, and
- Rates and unit definitions that could be crosswalked to Colorado's waiver services.



Rate Comparison and Access Analysis Methodologies

3. Collect evidence from HCBS Waiver quality measures.

CMS suggests collecting evidence from Appendix D QIS, Sub-Assurance d, referring to a subset of data points that can describe whether services are delivered in accordance with a client's service plan. It includes a sample of the percent of authorized services that were utilized by some clients.

Expanding on these quality measures, the Department plans to:

- Examine the percent of authorized services utilized by HCBS Waiver clients for all waiver services.



Rate Comparison and Access Analysis Methodologies

3. Collect evidence from HCBS Waiver quality measures.

This strategy is limited because the percent of authorized services that a client utilizes may not tell the entire story. For example:

- Service plans could be developed with an assumption that only certain services are available;
- The percent of authorized services that a client utilizes doesn't take into account the quality or timeliness of care; and
- Insufficient rates might not be the primary influence on the availability of qualified providers.



Rate Comparison and Access Analysis Methodologies

4. Measure changes in provider capacity.

The Department does not have access to system-wide provider capacity data, such as staff turnover, staff retention, and overtime hours. The Department plans to use proxies to estimate provider capacity, including:

- Trends in provider and client counts;
- Trends in units per provider and units per client;
- Members per provider; and
- Providers per waiver service.



Rate Comparison and Access Analysis Methodologies

5. Benchmark rate assumptions to available data.

This strategy is utilized through the Department's rate setting process and is outside the scope of the rate review process. The Department must explain HCBS Waiver rates to CMS when waivers are renewed every five years.



Discussion



COLORADO

Department of Health Care
Policy & Financing

Questions and comments regarding



- Rate Comparison Methodology
- Access Analysis Methodology

Next Steps

- Next Medicaid Provider Rate Review Advisory Committee (MPRRAC) meeting is Friday, March 17th at 9:00 AM.
- More information about MPRRAC:
<https://www.colorado.gov/pacific/hcpf/medicaid-provider-rate-review-advisory-committee>
- Contact Lila Cummings with additional questions:
Lila.Cummings@state.co.us

